

~~Exhibit C-2~~

FORM #584

~~Exhibit C-2~~GRIEVANCE FORM

Exhibit A

FACILITY: De Correctional Ctr.

DATE: 28 Feb 06

GRIEVANT'S NAME: Leonard Baylis

SBI#: 100231

CASE#: (24239)

TIME OF INCIDENT: ONGOING

HOUSING UNIT: ✓

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Concerning Dental work not accomplishedAfter Requests And grievances Dated 29 Nov 05

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And 27 Dec 05 Returned unsolved and 27 Decas grievance resubmitted. No Actualwork has been accomplished. I have difficulty  
eating and this leads to stomach problemsACTION REQUESTED BY GRIEVANT: To Receive Actual Dental  
workGRIEVANT'S SIGNATURE: Leonard Baylis

DATE: 28 Feb 06

WAS AN INFORMAL RESOLUTION ACCEPTED?        (YES)        (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
GRIEVANT

RECEIVED

April '97 REV

MAR 01 2006

~~Exhibit A Pg 22~~~~Exhibit B~~~~Exhibit C 2~~

FORM #585

MEDICAL GRIEVANCE

~~Medical~~FACILITY: D.C.C.DATE SUBMITTED: 28 Feb 06INMATE'S NAME: Leonard BaylusSBI#: 500231HOUSING UNIT: V

CASE #:

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SECTION #1DATE & TIME OF MEDICAL INCIDENT: ONGOING

TYPE OF MEDICAL PROBLEM:

Concerning Dental work not accomplished, after requests and grievances, Dated 29 Nov 05 and 27 Dec. Referred unsolved and 27 Dec Grievance resubmitted. No actual work has been accomplished. I have difficulty eating and this leads to stomach problems.

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GRIEVANT'S SIGNATURE:

Leonard BaylusDATE: 28 Feb 06

ACTION REQUESTED BY GRIEVANT:

To receive Actual  
Dental work.

DATE RECEIVED BY MEDICAL UNIT:

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.